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**CLARK & ELBING LLP
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12/12/2005 SFELEKE2 00000044 09935135

01 FC:2501	700.00 OP
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Christine E. Fort

Christine E. Fort

(Depositor's name)

(Signature)

December 7, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/935,135	08/21/2001	Moshe Levin	50094/003001	8828

TITLE OF INVENTION: MEDICAL DECISION SUPPORT SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHOOBIN, BARRY	2625	382-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Clark & Elbing LLP 2 _____ 3 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Accuramed (1999) Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tel Aviv, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.

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Date **December 7, 2005**

Typed or printed name

James D. DeCamp

Registration No. **43,580**

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